

Alaska FASD Partnership Steering Committee
February 10, 2016 - MINUTES

Present: Vickie Tinker, Phil Mattheis, Noelle Miller, Deb Evensen, PJ Hatfield, Jenn Wagaman, Lakota Holman, Mike Jeffery, Jeanne Gerhardt-Cyrus, Amanda Lofgren, Shannon Cross-Azbill, Teri Tibbett.

I. Approval of agenda. Approved

II. Approval of Minutes 1.13.17 and 1.27.16. Approved.

III. Overview by Amanda Lofgren of Alaska Mental Health Trust Authority

Medicaid Home and Community-Based Services. The Medicaid program provides low-income individuals access to basic medical care such as mandatory physician services and hospitalization, and if a state elects, optional services such as dental care or prescription medication. To participate in the Medicaid program, States develop a *Medicaid State Plan* specifying which service options the State Medicaid program will offer. One Medicaid service option states may elect is “home and community-based services” (HCBS). HCBS are long-term services and supports such as hands-on personal care, meals on wheels, or help with chores, shopping, or other tasks of daily living. These services, along with supportive case management, assist the elderly and people with disabilities avoid institutional care, and remain as independent as possible in their homes and communities. Before recent Congressional amendments to the Social Security Act, a state could not elect HCBS through their State Plan, but instead applied to the Centers for Medicare and Medicaid Services (CMS) for a separate “1915(c) waiver.” The waiver requires the state to target HCBS only to those individuals who experience functional limitations so severe, that they would otherwise need to be cared for in a nursing home, hospital, or other institution. Alaska currently provides HCBS to approximately 4,000 individuals under four 1915(c) Medicaid waiver programs, Children with Complex Medical Conditions (CCMC), Adults with Physical and Developmental Disabilities (APDD), Alaskans Living Independently (ALI), and Individuals with Intellectual and Developmental Disabilities (IDD).

1915(i) State Plan HCBS Benefit – 1915(k) Community First Choice Option. Beginning with the Deficit Reduction Act of 2005 and continuing with the Affordable Care Act, Congress amended the Medicaid program to encourage states to take advantage of the benefits of HCBS. Section 1915(i) allows states to make HCBS available to people not eligible for institutional care, but still in need of service and supports to remain independent. Section 1915(k) creates a financial incentive for states to provide HCBS to people who would otherwise need institutional care, by offering a 6% increase, from 50% to 56%, in the “federal financial participation rate” (FFP). These options also offer administrative simplicity, as states may elect to provide HCBS under sections 1915(i) and 1915(k) not through a waiver, but through a Medicaid State Plan amendment. State Plan HCBS benefits have several significant advantages over the 1915(c) HCBS waiver. The 1915(i) allows the state to offer less intensive services and supports earlier and at lower costs, often keeping individuals from progressing to institutional care. In addition, individuals with significant disabilities that do not rise to the need for

institutional care, such as Alzheimer's disease or related dementias (ADRD), fetal alcohol spectrum disorder (FASD), or traumatic brain injury (TBI), may qualify for low-level, stabilizing HCBS. She suggested going to the following website to learn more:

<http://dhss.alaska.gov/dsds/Pages/MRICC/MRICC.aspx>

Jeanne voiced concern that under the current waiver system, people with FASD have not qualified for services under the diagnosis Intellectual or Developmental Disability. She is concerned that because FASD has traditionally not been included under the definition of IDD, and therefore has not been eligible for services under IDD, that the new state plan will also not include people with FASD. She also expressed concern about the Trust and other state agencies not acknowledging FASD, neither as a developmental disability or a mental disorder.

Teri clarified that Medicaid reform efforts are being designed to qualify people based on functionality, not diagnosis, with the most severely impaired being served.

IV. Legislative letters of support for SB 91 Omnibus Crime Bill and HCR 21 Adverse Childhood Experiences.

Teri gave an overview of the two pieces of legislation, reading from the sponsor statement of SB 91 and the wording of HCR 21. Deb suggested "including people with FASD as so often almost all of our kids with FASD had early childhood adverse childhood experiences as well...ACEs make the situation so much worse." Jeanne added "we can't miss any opportunity to get the word out" about FASD and early childhood adverse childhood experiences. Mike suggested mentioning the effects of ACEs causing even more problems, exacerbating the problems caused by prenatal alcohol exposure. Vickie suggested looking for stats related to the relationship between ACEs and FASD. No one objected to writing letters of support with above-mentioned suggestions.

IV. Action Items

Youth in Transition – tabled until next ad hoc meeting (Feb. 24, 2pm)

Statewide FASD Clearing House – tabled until next ad hoc meeting (Feb. 24, 2pm)

Supporting OCS in being more effective with families impacted by FASD -

Discussion focused on Training for Therapeutic Foster Homes, provider agencies, OCS workers and others who work with at-risk children and youth. Jenn reiterated what's needed is hands-on training, like FASD Into Action, as FASD 101 and 201 are not hands-on enough. Vickie suggested there needs to be solid criteria for what makes an adequate therapeutic foster home, including an intense understanding of FASD and other brain-based disorders. Suggestions for training models: FASD Into Action, PCAP, Anchorage school district model being developed by FASD mentors, Families Moving Forward, Life Sessions (Whitecrow Village), Aware (Mindfulness-based training). Jeanne suggested a training that ends up with an FASD-certification, with guaranteed training in appropriate evidence-based, brain-based trainings. Jenn shared some of the barriers for providing training for families who are at risk for being in crisis. She suggested trainings can be

incentivized with food and childcare, held on weekday evenings or Saturdays, etc. and understanding that families impacted by FASD are often in crisis, which impacts their ability to attend regularly. Mike suggested brain-based trainings that point out what FASD is with substantial time spent on application of practical applications inside the person's home, school, work, community, etc. Jeanne suggested contacting Aileen McGinnis at ACRF (Alaska Center for Resource Families). Jenn suggested one of the barriers is funding for the training. Vickie: we don't want it to be cost-prohibitive to families, but agencies need to be reimbursed sufficiently for providing the training. Mike suggested asking legislators to require agencies who work with people with children who are at risk (FASD, TBI) to be trained sufficiently in hands-on, practical, evidence-based, brain-based approaches.

Action: Invite Aileen McGinnis from ACRF to present at the next meeting.

Adjourned at 4:00pm.

Next ad hoc action meeting: Wednesday, Feb. 24 2-3:30pm.

Next regular meeting: Wednesday, March 9, 2016